

MDR Tracking Number: M5-04-1976-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 2, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Level I and III office visits, therapeutic activities and electrical stimulation were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 12-19-03 to 12-29-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

June 17, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1976-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she was stacking for a grocery store when some pallet boxes fell onto her back. She twisted her back and experienced acute back pain. A MRI of the lumbar spine performed on 10/21/02 revealed mild disc desiccation at L3-4, L5-S1 and a tiny annular fissure at L5-S1 with no disc protrusion or herniations. The patient was under the care of a chiropractor.

Requested Service(s)

Level I and III office visits, therapeutic activities and electrical stimulation from 12/19/03 through 12/29/03

Decision

It is determined that the level I and III office visits, therapeutic activities and electrical stimulation from 12/19/03 through 12/29/03 were not medically necessary.

Rationale/Basis for Decision

Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. In addition, the frequency, type and duration of services must be reasonable and consistent with the standards of the health care community. General expectations include that patients should be formally assessed and re-assessed periodically to see if the patient is moving in a positive direction in order for the treatment to continue; that supporting documentation for additional treatment must be furnished when exceptional factors or extenuating circumstances are present; and that evidence of objective functional improvement is

essential to establish reasonableness and medical necessity of treatment. These expectations were not met in this case.

Furthermore, expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment. In this case, there was not documentation or supporting evidence to demonstrate any significant continuing benefit. The patient's pain rating averaged 7.25 (on a scale of one to ten with ten representing excruciating pain) for the four visits in December immediately preceding the treatment in question and then averaged 8.0 for the four visits in January immediately after the care in question. Therefore, there was no basis to continue the therapies that were not providing significant benefit.

Sincerely,